



For:

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brent Alan Elliott et al.

Art Unit: 2832

Serial No.: 10/736,059

Examiner: Mai, Anh T.

Filed: March 9, 2004

GAPPED CORE STRUCTURE FOR

MAGNETIC COMPONENTS

Mail Stop: Amendment **Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

#### TRANSMITTAL

- Transmitted herewith is:
  - Response to the Office Action dated March 8, 2006 (9 pages)
  - Return postcard

#### **STATUS**

| • | Applicant |                |  |  |  |
|---|-----------|----------------|--|--|--|
|   |           | claims small e |  |  |  |
|   |           |                |  |  |  |

ntity status. is other than a small entity.  $\bowtie$ 

### CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV 829 953 654 US

Date: June 8, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Bruce T. Atkins, Reg. No. 43,476

# **EXTENSION OF TERM**

| 3.  | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  |                                      |                                    |  |  |  |  |  |  |  |
|---|---|--------------------------------------|------------------------------------|--|--|--|--|--|--|--|
|   |   | (complete (a) or (b), as applicable) |                                    |  |  |  |  |  |  |  |
|   | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)  |                                      |                                    |  |  |  |  |  |  |  |
|   | Extension for response within:  | Other than small entity Fee          | l Small entity Fee (if applicable) |  |  |  |  |  |  |  |
|   | first month   | \$ 120.00                            | \$ 60.00                           |  |  |  |  |  |  |  |
|   | second month  | \$ 450.00                            | \$ 225.00                          |  |  |  |  |  |  |  |
|   | third month   | \$ 1,020.00                          | \$ 510.00                          |  |  |  |  |  |  |  |
|   | fourth month  | \$1,590.00                           | \$ 795.00                          |  |  |  |  |  |  |  |
|   | fifth month   | \$2,160.00                           | \$1,080.00                         |  |  |  |  |  |  |  |
|   |   | Fee:                                 | \$                                 |  |  |  |  |  |  |  |
| If an additional extension of time is required, please consider this a petition therefor.   |   |                                      |                                    |  |  |  |  |  |  |  |
| (Check and complete the next item, if applicable)   |   |                                      |                                    |  |  |  |  |  |  |  |
| An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |   |                                      |                                    |  |  |  |  |  |  |  |
|   | Extension fee due with this request \$  |                                      |                                    |  |  |  |  |  |  |  |
|   |   | OR                                   |                                    |  |  |  |  |  |  |  |
|   | (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extensio of time. |                                      |                                    |  |  |  |  |  |  |  |

# FEE FOR CLAIMS

| 4.              | The fee     | for clai   | ims (37 ( | C.F.R. 1.16(b                         | )-(d)) has l     | been calculated as s                     | hown  |                            |  |
|-----------------|-------------|--|-----------|---------------------------------------|------------------|--|-------|----------------------------|--|
|                 | (C          | (Col. 1)   |           | (Col. 2)                              | (Col. 3)         | SMALL ENTITY                             |       | OTHER THAN<br>SMALL ENTITY |  |
|                 | REM.<br>AF  | AIMS<br>AINING<br>TER<br>IDMENT  |           | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE                  | OR    | ADDITIONAL<br>RATE FEE     |  |
| TOTAL<br>INDEP. | 20          | 20 MINUS   |           | 20                                    | =                | x \$25.00 = \$                           |       | x \$50.00 = \$             |  |
|                 | 3           |  | MINUS     | 3                                     | =                | x \$100.00 = \$                          |       | x \$200.00 = \$            |  |
| -               | FIRS        | T PRESEN   | TATION OF | MULTIPLE DEP. (                       | CLAIM            | + \$180.00 = \$                          |       | +\$360.00 = \$             |  |
|                 |             |  |           |                                       |                  | TOTAL ADDITIONAL FEE \$                  | OR    | TOTAL ADDITIONAL FEE \$    |  |
|                 | (a)         | $\boxtimes$  | No add    | itional fee fo                        | r Claims is      | required                                 |       |                            |  |
|                 |             |  |           |                                       | OR               |  |       |                            |  |
|                 | (b)         |  | Total a   | dditional fee                         | for claims       | required \$                              |       |                            |  |
|                 |             |  |           | FEH                                   | E PAYME          | NT                                       |       |                            |  |
| 5.              |             | Attached is a check in the sum of \$   |           |                                       |                  |  |       |                            |  |
|                 |             | Charge Deposit Account No. 01-2384 the sum of \$  A duplicate of this transmittal is attached. |           |                                       |                  |  |       |                            |  |
|                 |             | •  |           | FEE :                                 | DEFICIE          | NCY                                      |       |                            |  |
| 6.              |             | If any<br>01-238   |           | al extension a                        | and/or fee       | is required, charge l                    | Depos | sit Account No.            |  |
|                 |             |  |           |                                       | AND/OR           |  |       |                            |  |
|                 | $\boxtimes$ | If any additional fee for claims is required, charge Deposit Account No. 01-2384.              |           |                                       |                  |  |       |                            |  |
| 7.              |             | Other:   |           |                                       |                  |  |       |                            |  |
|                 |             |  |           |                                       | 6                | 3m Sta                                   | ino   |                            |  |
|                 |             | Bruce T. Atkins, Reg. No. 43,476   |           |                                       |                  |  |       |                            |  |
|                 |             |  |           |                                       |                  | MSTRONG TEAS                             |       |                            |  |
|                 |             |  |           |                                       |                  | e Metropolitan Squa<br>Louis, MO 63102-2 | •     | uite 2000                  |  |
|                 |             |  |           |                                       |                  | 4) 621-5070                              | ., 10 |                            |  |

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PATENT CET-025985

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## **RESPONSE TO OFFICE ACTION**

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

In response to the Office Action dated March 8, 2006, Applicants hereby submit the following response: